PTO/SB/17 (12-04)

Hadas the December	Ded offer Aster	4 4005			tent and Tradema	rk Office, U.S. DE	07/31/2006. OMB 0651-003 PARTMENT OF COMMERC	
Effective on 12/08/2004.				Tespond to a cone	espond to a collection of information unless it displays a valid OMB control number Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application		09/703			
FEE TR	RANS	MITT	AL		INGITIDEI		ber 1, 2000	
For FY 2005				Filing Date			Peter Berkman, et al.	
	First Name	Inventor						
Applicant claims small entity status. See 37 CFR 1.27				Examiner N	lame		Kevin T. Bates	
TOTAL AMOUNT OF PAYMENT (S) 120.00			Art Unit		2155	2155		
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Do	Attorney Docket Number 15437-0781		0781		
METHOD OF PAYMEN	NT (check all	that apply)						
Check Cred	it Card	Money Orde	r Non	e Othe	r (please identify)):		
		umber <u>50-13</u>					Truong & Becker LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
WARNING: Information on 1	CFR 1.16 and 1 his form may be	come public. Cr	edit card inform	nation should no	t be included on	this form. Provid	e credit card	
Information and authorization FEE CALCULATION	on on PTO-2038.							
1. BASIC FILING, SEA	DCH AND E	YAMINATIO	U EEEC					
1. DAGIO I ILINO, GLA	FILING FE		SEARCH	FFFS	FXAMINA	TION FEES		
		Small Entity		Small Entity	5	Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20						50	25	
Each independent cl		ncluding Reiss	sues)			200 360	100 180	
Multiple dependent		- (0)					Dependent Claims	
Total Claims 48 - 54 or HP	Extra Claims	Fee (\$) x 50,00	Fee Paid = 0.00	(\$)		Fee (\$)	Fee Paid (\$)	
HP = highest number of tota			- 0,00					
	Extra Claims	Fee (S)	Fee Paid	l (\$)				
_2 14 or HP :		x 200,00	= 0.00					
HP = highest number of inde		aid for, if greater	than 3					
3. APPLICATION SIZE								
If the specification an								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	Extra Sheets			onal 50 or fract	ion thereof le number) x	Fee (\$)	Fees Paid (\$)	
4. OTHER FEE(S)		, 55 -	(10	and up to a writ	acaumber) X .		Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge) One month extension of time = \$120.00								

- 1	SOBMITTED BY							
١	Signature	0,0	Registration No. 37,499 (Attorney/Agent)	Telephone 408-414-1234				
l	Name (Print/Type)	Bobby K. Truong	1	Date April 9, 2007				
	SEND TO: Commissioner	for Patents, P.O. Box 1450, Alexandria, VA 223	3-1450. If you need assistance in completing to	he form, call 1-800-PTO-9199 and select opti				

SUBMITTED BY